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From: Linda H. Rogers**Date:** July 28, 2005**Comments:** Attached please find a Power of Attorney and Correspondence Address Indication Form. Please note that the appointed Customer Number for both are "49442". If you have any questions, please do not hesitate to contact us.**Return To:** Linda Rogers**Total number of pages, including cover letter:** 2**A hard copy of this transmission** ☐ **will be sent by regular mail**☐ **will be sent by overnight mail**☒ **will not be sent under separate cover**

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PTO/BB/1 (04-08)

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	09/604,117 09-604-117
Filing Date	June 28, 2000
First Named Inventor	Martha F. HARRELL
Title	Smart Card System and Method for...
Art Unit	2876
Examiner Name	Seung H. LEE
Attorney Docket Number	878419.1

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioner associated with the Customer Number:

48442

OR

☐ Practitioner(s) named below:

Name	Registration Number
Kerry Owens	57,412

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 1.71.
Statement under 37 CFR 1.73(b) is enclosed. (Form PTO/BB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	JUN 28, 2005
Name	Martha F. Harrell	Telephone	(703) 719-4178
Title and Company	Sole Owner, MPH, LLC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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